

# HDR Quest

May 14, 2008

Pod Sold

Mr. Allen Ingram II
Division of Water, KPDES Branch
14 Reilly Road, Frankfort Office Park
Frankfort, Kentucky 40601

Subject:

KPDES Permit Application for Renewal and Expansion

of Otis B. Chaney Wastewater Treatment Plant (Pitman Creek)

KPDES No.: KY0026611

Dear Mr. Ingram,

This letter transmits the KPDES permit application for the Otis B. Chaney Wastewater Treatment Plant (Pitman Creek) which is up for renewal and is presently under design to expand the capacity to 4.4 MGD. HDR/Quest Engineers is process of completing the design of the plant expansion and will be submitting the construction permit (with drawings and specifications for review) over the next month. We have requested a wasteload allocation from Courtney Seitz and will follow up with him to that end.

Per our telephone discussion on May 2, 2008, we are also assisting the City of Somerset with the preparation of the KPDES permit application. You directed us to provide as complete an application as possible and that it would not be a problem to submit the application the week after it was due, if necessary. The City has some additional effluent testing to conduct in the coming months to complete the effluent testing data/information requested. We will forward that additional information as it is collected.

Thank you for your assistance with the preparation of this application. If you need any additional information, please contact me at 859-223-3755 or Tim Perry with Somerset at 606-678-4718.

Sincerely.

Thomas R. Schaffer, P.E

Vice-President

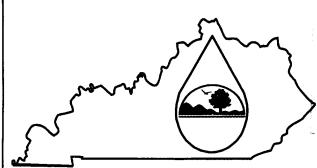
Attachment

Cc:

Tim Perry, City of Somerset

Gary Epperson, City of Somerset

AT# 3835



# KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

MAY 15 2008

## **PERMIT APPLICATION**

This is an application to: (check one)	A complete application consists of this form and one of the
▲ Apply for a new permit.	following:
Apply for reissuance of expiring permit.	Form A, Form B, Form C, Form F, or Form SC
Apply for a construction permit.	
Modify an existing permit.	For additional information contact:
Give reason for modification under Item II.A.	KPDES Branch (502) 564-3410
I. FACILITY LOCATION AND CONTACT INFORI	MATION USE () 0 2 6 6 1 /
A. Name of business, municipality, company, etc. requesting permit	MATION USE O O A O W I I
City of Somerset	
B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to
	this address). Include owner mailing address on a separate sheet if
Facility Location Name:	different.  Facility Contact Name and Title: Mr. ☑ Ms. □
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Otis B. Chaney WWTP (Pitman Creek)	Tim Perry
Facility Location Address (i.e. street, road, etc., not PO Box):	Mailing Address:
Highway 1247	P.O. Box 989
Facility Location City, State, Zip Code:	Mailing City, State, Zip Code:
Somerset, KY 42501	Somerset, KY 42502
bolletset, it i 42301	Facility Contact Telephone Number:
	606-678-4718
H. FACILITY DESCRIPTION  A. Provide a brief description of activities, products, etc capacity to 4.4 mgd permitted flow	c: Municipal wastewater treatment for City of Somerset, KY- expanding
B. Standard Industrial Classification (SIC) Code and Des	popintion
Principal SIC Code &	scription
Description: 4952 - municipal wast	ewater treatment niant
Posoription. 732 manospar was	a water a countrie plant
Other SIC Codes: n/a	
III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 ½ minute quadrang	gle map for the site. (See instructions)
B. County where facility is located:	City where facility is located (if applicable):
Pulaski	Somerset
C. Body of water receiving discharge:	
Pitman Creek	
D. Facility Site Latitude (degrees, minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):
N 37deg-2 min- 43 sec	W 84 deg-35 min-48 sec

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

n/a

IV. OWNER/OPERATOR INFORMATI	ION		
A. Type of Ownership:		_	_
Publicly Owned Privately Owned		Both Public and Priva	te Owned Federally owned
B. Operator Contact Information (See instrument Plant Operator:	uctions)	Telephone Number:	
Tim Perry	****	606-678-4718	
Operator Mailing Address (Street): P.O. Box 989			
Operator Mailing Address (City, State, Zip Code):			• •
Somerset, KY 42502 Is the operator also the owner?		Is the operator certified? If	yes, list certification class and number below.
Yes 🗍 No 🛛		Yes 🕅 No 🗌	<u> </u>
Certification Class: IV		Certification Number: 5859	
		1 3037	
V. EXISTING ENVIRONMENTAL PER Current NPDES Number:	Issue Date of Current Pern	nit:	Expiration Date of Current Permit:
			-
KY0026611 Number of Times Permit Reissued:	10/28/2003 (sent) Date of Original Permit Iss	suance:	10/31/08 Sludge Disposal Permit Number:
	02/13/75		100.09
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit	Number(s):	100.09
Which of the following additional environm	nental permit/registratio	n categories will also a	pply to this facility?
CATEGORY	EXISTING PER	MIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	n/a		
		***************************************	
Solid or Special Waste	100.09		
Hazardous Waste - Registration or Permit	n/a		
VI. DISCHARGE MONITORING REP	ORTS (DMRs)		
KPDES permit holders are required to su permit). Information in this section serves mailing address (if different from the prima	bmit DMRs to the Div to specifically identify ry mailing address in So	the name and telephon	egular schedule (as defined by the KPDES e number of the DMR official and the DMR
A. DMR Official (i.e., the department, designated as responsible for submittin Division of Water):		Tim Perry	
DMR Official Telephone Number:		(606) 678-4718	
B. DMR Mailing Address:  • Address the Division of Water will • Contact address if another individu			uiling address in Section I.C), or s for you; e.g., contract laboratory address.
DMR Mailing Name:	Tim Perry		
DMR Mailing Address:	P.O. Box 989		
DMR Mailing City, State, Zip Code:	Somerset, KY, 42502		

VII. APPLICATION FILING FEE		

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

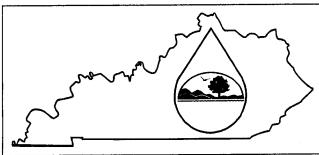
Facility Fee Category:	Filing Fee Enclosed:	
Public Owned Treatment Works (No Fee Due)	n/a	

#### VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TELEPHONE NUMBER (area code and number):
606-679-6366
DATE:
5-13-08

## KPDES FORM A



# KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1. For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE	0	0	2	6	(e	1	

Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

#### **BASIC APPLICATION INFORMATION:**

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

#### SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
  - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  - 2. Any other industrial user that:
    - Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

## ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

#### BASIC APPLICATION INFORMATION PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS: All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet. A.1. Facility Information. Otis B. Chaney WWTP (Pitman Creek) Facility name P.O. Box 989 Mailing Address Somerset, KY 42502 Tim Perry Contact person WWTP Superintendent Title (606) 678-4718 Telephone number Highway 1247 **Facility Address** (not P.O. Box) Somerset, KY 42501 A.2. Applicant Information. If the applicant is different from the above, provide the following: N/A Applicant name Mailing Address Contact person Title Telephone number Is the applicant the owner or operator (or both) of the treatment works? Х operator Indicate whether correspondence regarding this permit should be directed to the facility or the applicant. facility applicant A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits). **PSD** N/A NPDES KY0026611 Sludge disposal permit no. 100.09 Other UIC N/A Other N/A **RCRA** A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.). Population Served Type of Collection System Ownership Name Separate City of Somerset, KY 12,000 City of Somerset, KY City of Ferguson, KY 800 Separate City of Ferguson, KY City of Burnside, KY Separate City of Burnside, KY 500 13,300 Total population served

A.5.	ińc	dian Country.					
	a.	Is the treatment works located in	Indian Country?				
		YesX	No				
	b.	Does the treatment works discha through) Indian Country?	rge to a receiving water that	is either in Indian Country o	or that is upstream	from (and eventually	/ flows
		YesX	No				
A.6.	ave	ow. Indicate the design flow rate of erage daily flow rate and maximum h the 12th month of "this year" occ	n daily flow rate for each of th	e last three years. Each ye	ear's data must be	to handle). Also pro based on a 12-mon	ovide the th time period
	a.	Design flow rate 4.4 mgd					
			Two Years Ago	<u>Last Year</u>	<u>Thi</u>	s Year	
	b.	Annual average daily flow rate	1.974	1.850		73	_ mgd
	C.	Maximum daily flow rate	3.132	2.883		95	_ mgd
A.7.		ollection System. Indicate the typentribution (by miles) of each.	e(s) of collection system(s) u	sed by the treatment plant	. Check all that ap	ply. Also estimate t	ne percent
	Х	Separate sanitary sewer			•	100 %	ó
		Combined storm and sanitary	sewer			0 %	ó
A.8.	Die	scharges and Other Disposal Me	ethods.				
۸.٥.	<b>D</b> 1.	_				<b>.</b>	NI.
	a.	Does the treatment works discha			<del></del> _	'es	_ No
		If yes, list how many of each of the		ge points the treatment wor	ks uses:	Yes - 1	
		i. Discharges of treated effluen				N/A	
		ii. Discharges of untreated or p	•			N/A	
		iii. Combined sewer overflow po		.\		N/A	
		iv. Constructed emergency over	mows (phor to the headworks	<i>5)</i>		NO	
		v. Other N/A					
	b.	Does the treatment works dischathat do not have outlets for discharged		, or other surface impound	ments	res X	_ No
		If yes, provide the following for e	ach surface impoundment:				
		Location:					
		Annual average daily volume dis	charged to surface impound	ment(s)		mgd	
		Is discharge con	tinuous or inte	ermittent?			
	C.	Does the treatment works land-a	pply treated wastewater?			res X	_ No
		If yes, provide the following for e	ach land application site:				
		Number of acres:					
		Annual average daily volume app	-		Mgd		
		Is land application	continuous or	intermittent?			
	d.	Does the treatment works discharge treatment works?	arge or transport treated or u	ntreated wastewater to ano		res <u>X</u>	_ No

	ty other than the applicant, provide:	
Transporter name:	N/A	
Mailing Address:		
Contact person:	N/A	
Title:		
Telephone number:		
Name: Mailing Address:	N/A	
	N/A	
Contact person:	N/A	
Contact person:	N/A	
,	N/A	
Title: Telephone number:	N/A  NPDES permit number of the treatment works that receives this discharge.	
Title: Telephone number: If known, provide the t		mgd
Title: Telephone number: If known, provide the I Provide the average d	NPDES permit number of the treatment works that receives this discharge.	
Title: Telephone number: If known, provide the It Provide the average d Does the treatment wo A.8.a through A.8.d at	NPDES permit number of the treatment works that receives this discharge.  aily flow rate from the treatment works into the receiving facility.  brks discharge or dispose of its wastewater in a manner not included in	

	VAC	TEN	A / A	TER	DIE	$\sim$ $\mu$	۱D.	CEC	
v	VA.		ND	II-R	1315		NK.	135.3	ľ

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

a.	Outfall number	001	·····				
b.	Location	Somerset			42501		
		(City or town, if applicable) Pulaski			(Zip Code) Kentucky		
		(County)			(State)		
		N 37 deg-2 min-43 sec (Latitude)			W 84 deg-35 min-48 sec (Longitude)		
C.	Distance from sho	re (if applicable)	N/A	ft. (at e	dge of creek)		
d.	Depth below surfa	ce (if applicable)	N/A	ft. (at e	dge of creek)		
e.	Average daily flow	rate		mgd			
f.	Does this outfall he periodic discharge	ave either an intermittent or a ?	Yes	x	No (go to A.9.g.)		
	If yes, provide the	following information:					
	Number of times p	er year discharge occurs:	N/A				
	Average duration of	of each discharge:					
	Average flow per o	lischarge:		mgd			
	Months in which d	scharge occurs:					
g.	Is outfall equipped	with a diffuser?	Yes	X	No		
0. De	escription of Receiv	ring Waters.					
a.	Name of receiving	water Pitman Creek					
b.	Name of watershe	d (if known)	Pitman Creek				
	United States Soil	Conservation Service 14-digit w	ratershed code (if known):		05130103050110		
C.	Name of State Ma	nagement/River Basin (if known	):		Upper Cumberland		
	United States Geo	logical Survey 8-digit hydrologic	cataloging unit code (if kr	nown):	05130103		
d.		receiving stream (if applicable):		<b></b>			
	-	cfs		N/A			
	Total hardness of	receiving stream at critical low fl	ow (if applicable):	N/A	mg/l of CaCO <sub>3</sub>		

A.11. Description of Trea	itment.							
a. What levels of to	eatment ar	e provided? C	heck all that ap	ply.				
X Pri	mary	_X	Secor	ndary				
Ad	vanced		Other.	. Describe:				
b. Indicate the folio	wing remo	val rates (as a	pplicable):					
Design BOD <sub>s</sub> r	emoval <u>or</u> l	Design CBOD	removal		85		%	
Design SS rem	noval				_ 85		%	
Design P remo	val				_ N/A		%	
Design N remo	oval				N/A		%	
Other					N/A		%	
c. What type of dis	infection is	used for the e	effluent from thi	s outfall? If disinf	ection varies t	y season, ple	ease describe.	
Chlorination (e	xisting WW	/TP); Ultraviole	et Disinfection (	expanded WWT	P)			·
If disinfection is	by chlorina	ition, is dechlo	rination used fo	or this outfall?	X (e)	kisting) Ye	s	No
d. Does the treatm						XYe	s	No
A.12. Effluent Testing In								
Outfall number:	TER	001	MAXIMUN	_ 2008 da 1 DAILY VALUE	a (January th		ERAGE DAILY V	ALUE
			Value	Units	Va	lue	Units	Number of Samples
all (Afiningums)			7.15	s.u.				
pH (Minimum)			7.7	s.u.	- <i>\//////</i>			
pH (Maximum)  Flow Rate			2.695	mgd	1.873		mgd	Cont
Temperature (Winter)			2.000	°C			°C	
Temperature (Summer)				°C			°C	
* For pH please rep	ort a minim	1		ue				
POLLUTANT			UM DAILY HARGE	AVERAGE DAILY DIS		HARGE	ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NO	NCONVE	NTIONAL COM	APOUNDS.					·
BIOCHEMICAL OXYGEN	BOD-5	N/A	mg/l	N/A	mg/l			
DEMAND (Report one)	CBOD-5	23.3	mg/l	12.3	mg/l	36	405.1	2
FECAL COLIFORM		141	Col./100ml	36.7	Col./100ml	36	9222D	20
TOTAL SUSPENDED SOLI	OS (TSS)	31	mg/l	15	mg/l	36	SM 2540D	2
			FN	ND OF PAR	T A.			
REFER TO THE	APPLIC	CATION C	VERVIEV		RMINE V	VHICH O	THER PAR	TS OF FORM A

Revised November 2003

BA	SIC	APPLICATION INFORMATION
PAR	T B.	ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).
All a	pplica	nts with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).
B.1.		ow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.
		000 gpd
		fly explain any steps underway or planned to minimize inflow and infiltration.
	City	has on-going I/I program to identify sources and correct problems when identified.
B.2.	This	ographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the e area.)
	a.	The area surrounding the treatment plant, including all unit processes.
	b.	The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
	C.	Each well where wastewater from the treatment plant is injected underground.
	d.	Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
	e.	Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
		If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.
	back chlor	ess Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all up power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., nation and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily rates between treatment units. Include a brief narrative description of the diagram.
B.4.	Opei	ation/Maintenance Performed by Contractor(s).
	contr	ny operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a actor?Yes _XNo
		, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional s if necessary).
	Nam	
	Maili	ng Address:
	Telep	hone Number:
	Resp	onsibilities of Contractor:
	unco treati	duled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or impleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the nent works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5. (If none, go to question B.6.)
	a.	List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.
		001
	b.	Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.
		Yes <u>X</u> No

							<del></del>		
c If the answer to B	.5.b is "Yes," bri	efly describe, inc	luding new maxim	um daily inflow r	ate (if applicat	ole).			
d. Provide dates imp applicable. For in applicable. Indica	nprovements pla	ınned independer	ntly of local, State	ites of completio , or Federal ager	n for the imple ncies, indicate	mentation steps listed planned or actual cor	d below, as npletion dates, as		
		Schedule	Ad	ctual Completion					
Implementation S	tage	MM / DD / YYY	Y MM / D	D/YYYY					
- Begin construct	ion	08/01/2008							
- End construction	n	02/01/2010	//_						
- Begin discharge	9	02/01/2010	//						
<ul> <li>Attain operation</li> </ul>	al level	06/01/2010	//						
e. Have appropriate	normite/clearan	ces concerning o	ther Federal/State	e requirements b	een obtained?	Yes	No (in process)		
e. Have appropriate  Describe briefly:									
Describe briefly.	Construction pe	min application i	in be submitted t	o (Coott III IIox	<b></b>	•			
B.6. EFFLUENT TESTING	DATA (GREATE	ER THAN O.1 MG	SD ONLY).				:		
Applicants that discha	arge to waters of	the US must pro	vide effluent testi	ng data for the fo	llowing param	eters. Provide the inc	dicated effluent		
testing required by the	e permitting auth	nority <u>for each out</u>	tfall through which	<u>n effluent is disch</u> op data collected	<u>arged.</u> Do no t through anal	t include information of ysis conducted using	on combined 40 CFR Part 136		
methods. In addition	this data must	comply with QA/C	C requirements of	of 40 CFR Part 1	36 and other a	appropriate QA/QC re	quirements for		
standard methods for	analytes not ad	dressed by 40 Cf	FR Part 136. At a	minimum, efflue	nt testing data	must be based on a	t least three		
pollutant scans and n		than four and on	e-nan years old.						
Outfall Number:	001	 IUM DAILY		E DAILY DISCH	ARCE		In section 1 and 1 and 1		
POLLUTANT		CHARGE	AVERAC						
	Conc.	Units	Conc.	Units	Number of Samples	ANALYTICAL METHOD	ML/MDL		
CONVENTIONAL AND NON	ICONVENTION	AL COMPOUND	<u>*                                     </u>	etri ye ili dig	e grieksjerije i		Fig. (France) (A. )		
	7.47		2.74	mg/l	36	EPA 350.1	0.1		
AMMONIA (as N)	7.47	mg/l	2.74	ing/i					
CHLORINE (TOTAL RESIDUAL, TRC)	0.001	mg/	0	mg/l	36	SM 4500-CLG	0.001		
DISSOLVED OXYGEN	8.2 (min)	mall	9.3	mg/l	36	SM 4500-06	0.1		
	0.2 (11111)	mg/l	10.0		-				
TOTAL KJELDAHL NITROGEN (TKN)									
NITRATE PLUS NITRITE NITROGEN									
OIL and GREASE		mg/l							
PHOSPHORUS (Total)	5.85	mg/l	4.44	mg/l	36	EPA 365	0.0094		
TOTAL DISSOLVED SOLIDS (TDS)									
OTHER									
	1					<del>der de la composition della composition de la composition de la composition della c</del>			
			END OF PA		\A###\\\	OTHER RAPT	C OF FORE		
REFER TO THE	APPLICAT					UTHER PART	S OF FURIM		
		AY	OU MUST C	OWIPLETE					

BASIC APPLICATION INFORMATION	BASIC APPLICATION INFORMATION						
PART C. CERTIFICATION							
All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.							
Indicate which parts of Form 2A you have com	Indicate which parts of Form 2A you have completed and are submitting:						
X Basic Application Information packet	Supplemental Application Information packet:						
	X Part D (Expanded Effluent Testing Data)						
	X Part E (Toxicity Testing: Biomonitoring Data)						
	XPart F (Industrial User Discharges and RCRA/CERCLA Wastes)						
	Part G (Combined Sewer Systems)						
ALL APPLICANTS MUST COMPLETE THE FOLLOW	VING CERTIFICATION.						
designed to assure that qualified personnel properly ga	l attachments were prepared under my direction or supervision in accordance with a system ather and evaluate the information submitted. Based on my inquiry of the person or persons consible for gathering the information, the information is, to the best of my knowledge and here are significant penalties for submitting false information, including the possibility of fine						
Name and official title Mayor Eddie Girdle	<u> </u>						
Signature Zkhie	f. Jud						
Telephone number <u>606-679-6366</u>							
Date signed 5-13	-08						
Upon request of the permitting authority, you must sub treatment works or identify appropriate permitting requ	mit any other information necessary to assess wastewater treatment practices at the irements.						

SEND COMPLETED FORMS TO:

## SUPPLEMENTAL APPLICATION INFORMATION

#### PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Ou	tfall	number:	001
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(Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT			M DAILY				DAILY I		RGE	ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Unit	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), C	YANIDE,	PHENOL	S, AND I	IARDNE	SS.						
ANTIMONY											
ARSENIC	<0.002	mg/L			<0.002	mg/L			3	EPA 200.7	0.002
BERYLLIUM											
CADMIUM	<0.002	mg/L			<0.002	mg/L			3	EPA 200.7	0.002
CHROMIUM	0.003	mg/L			0.0023	mg/L			3	EPA 200.7	0.002
COPPER	0.01	mg/L			0.0087	mg/L			3	EPA 200.7	0.002
LEAD	<0.002	mg/L			<0.002	mg/L			3	EPA 200.7	0.002
MERCURY	9.2	ng/L			5.9	ng/L			3	1631E	5
NICKEL	0.003	mg/L			0.0027	mg/L			3	EPA 200.7	0.002
SELENIUM	<0.002	mg/L			<0.002	mg/L			3	EPA 200.7	0.002
SILVER	<0.002	mg/L			<0.002	mg/L			3	EPA 200.7	0.002
THALLIUM											
ZINC	0.31	mg/L			0.13	mg/L			3	EPA 200.7	0.01
CYANIDE	<0.02	mg/L			<0.02	mg/L			3	335.1, 335.2	0.02
TOTAL PHENOLIC COMPOUNDS	<0.05	mg/L			<0.05	mg/L			3	420.1	0.05
HARDNESS (AS CaCO <sub>3</sub> )	170	mg/L			121	mg/L			19		1
Use this space (or a separate sheet) to	provide inf	formation	on other	metals r	equested by	the perr	nit writer.	·	·	·	1
									<u> </u>		

Outfall number: (Complete once for each outfa			discharging effluent to waters of the United States.)								
POLLUTANT	N	MAXIMU	IM DAIL'	Y	A۱	/ERAGE	DAILY	DISCH	ARGE		
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											·····
ACRYLONITRILE											
BENZENE							-				
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

Outfall number:									the United	States.)	
POLLUTANT	N	MAXIMU DISCH	M DAIL'	Y .	A۱	/ERAGE	DAILY	DISCH	ARGE		
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
1,1,1-TRICHLOROETHANE					-						
1,1,2-TRICHLOROETHANE				Ü							
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to	provide inf	formation	on other	volatile or	ganic com	pounds r	equested	by the pe	ermit writer.		
ACID-EXTRACTABLE COMPOUNDS	i	L	l	I	L						
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to	provide in	formation	on other	acid-extra	actable co	mpounds	requeste	d by the p	permit writer.	1	
BASE-NEUTRAL COMPOUNDS.	.,							T	1	1	<u></u>
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

Outfall number:	_ (Complete once for each outfall discharging effluent to waters of the United  MAXIMUM DAILY AVERAGE DAILY DISCHARGE							States.)			
POLLUTANT	MAXIMUM DAILY DISCHARGE				A۱	/ERAGE	DAILY	DISCHA	ARGE		
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER	<u></u>		-								
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

Outfall number:	_ (Compl	ete onc	e for eac	h outfall	discharg	ging efflu	uent to w	aters of	the United S	States.)	-
POLLUTANT	N		M DAIL	(	A۷	ERAGE	DAILY	DISCHA	ARGE		
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
FLUORANTHENE		-				·					
FLUORENE											<b>.</b>
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE	_										
HEXACHLOROCYCLO- PENTADIENE									,		
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE				-							
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) to	provide inf	ormation	on other	base-neu	tral compo	unds req	uested by	the pern	nit writer.		
Use this space (or a separate sheet) to	provide inf	ormation	on other	pollutants	(e.g., pes	ticides) re	equested	by the pe	ermit writer.		

END OF PART D.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION								
PART E. TOXICITY TESTING DA	ATA							
OTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of ne facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those nat are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.  • At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.  • In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.  • If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E. no biomonitoring data is required, do not complete Part E. R								
E.1. Required Tests. (all data previous	sly submitted, see section E.4. for	summary)						
	following chart for each whole efflue		our and one-half years. Allow reported. Test number:					
a. Test information.								
Test species & test method number								
Age at initiation of test								
Outfall number								
Dates sample collected								
Date test started								
Duration								
b. Give toxicity test methods follow	ed.							
Manual title								
Edition number and year of publication								
Page number(s)								
c. Give the sample collection meth	od(s) used. For multiple grab samp	les, indicate the number of grab samp	les used.					
24-Hour composite								
Grab								
d. Indicate where the sample was t	aken in relation to disinfection. (Che	ck all that apply for each)						
Before disinfection								
After disinfection								
After dechlorination								

	Test number:	Test number:	Test number:
e. Describe the point in the treatme	ent process at which the sample was	collected.	
Sample was collected:			
f. For each test, include whether the	e test was intended to assess chroni	ic toxicity, acute toxicity, or both.	
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performe	ed.		
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If labor	ratory water, specify type; if receiving	water, specify source.	
Laboratory water			
Receiving water			
i. Type of dilution water. It salt wat	er, specify "natural" or type of artifici	al sea salts or brine used.	
Fresh water			
Salt water			
j. Give the percentage effluent used	d for all concentrations in the test se	ries.	
k. Parameters measured during the	e test. (State whether parameter med	ets test method specifications)	
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen		All and a second a	
I. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC <sub>25</sub>	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			
E.3. Toxicity Reduction Evaluation. Is the treatme	nt works involved in a To	oxicity Reduction Evaluation?	
YesX_No If yes, describe:			
E.4. Summary of Submitted Biomonitoring Test Ir cause of toxicity, within the past four and one-h	nformation. If you have alf years, provide the da	e submitted biomonitoring test informa tes the information was submitted to t	tion, or information regarding the he permitting authority and a

summary of the results. Popults of Testing

Period	Results of Testing
1Q-2008	Passed (TU<1.0)
4Q-2007	Failed (TU=3.63)
4Q-2007 (retest)	Passed (TU<1.0)
3Q-2007	Passed (TU<1.0)
2Q-2007	Passed (TU<1.0)
1Q-2007	Passed (TU<1.0)
4Q-2006	Passed (TU<1.0)
3Q-2006	Passed (TU<1.0)
2Q-2006	Passed (TU<1.0)
1Q-2006	Passed (TU<1.0)
4Q-2005 (retest)	Passed (TU<1.0)
4Q-2005	Failed (TU=1.38)
3Q-2005	Passed (TU=1.03)
2Q-2005	Passed (TU<1.0)
1Q-2005	Passed (TU<1.0)
4Q-2004	Passed both (TU<1.0)
3Q-2004	Passed both (TU<1.0)
2Q-2004	Passed both (TU<1.0)
1Q-2004	Passed both (TU<1.0)

## **END OF PART E.**

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

SUP	PLEMENTAL A	PPLICATION INFORMATION
PART All treat		USER DISCHARGES AND RCRA/CERCLA WASTES discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes
	RAL INFORMATIO	DN:
F.1. Pr		Does the treatment works have, or is it subject to, an approved pretreatment program?
		ndustrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types scharge to the treatment works.
a.	. Number of non-catego	orical SIUs11
b.	. Number of CIUs.	1
SIGNI	FICANT INDUSTRI	IAL USER INFORMATION:
Supply	the following informat	tion for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 equested for each SIU.
	ignificant Industrial Us ages as necessary.	er Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional
N	ame:	Toyotetsu America Inc.
М	lailing Address:	100 Pine Oak Drive
	_	Somerset, KY
F.4. ir	ndustrial Processes. D Metal stamping	Describe all of the industrial processes that affect or contribute to the SIU's discharge.
	rincipal Product(s) and scharge.	d Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
Pi	rincipal product(s):	Stamped metal products
R	aw material(s):	Unstamped metal
F.6. F	low Rate.	
a.	Process wastewater fl per day (gpd) and whe	low rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons ether the discharge is continuous or intermittent.
	2,000 gpd (X_	_continuous or intermittent)
b.	Non-process wastewa system in gallons per	ater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection day (gpd) and whether the discharge is continuous or intermittent.
	18,000 gpd (X_c	continuous orintermittent)
F.7. Pr	retreatment Standards.	Indicate whether the SIU is subject to the following:
a.	Local limits	XYesNo
b.	Categorical pretreatm	ent standardsYes _X_ No
lf.	subject to categorical pr	etreatment standards, which category and subcategory? N/A
_	-t Cuba	alanam.

F.8.	Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?
	YesXNo
RCR	A HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:
F.9.	RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?Yes _X_ No (go to F.12.)
F.10.	Waste Transport. Method by which RCRA waste is received (check all that apply):  Truck Rail Dedicated Pipe
F.11.	Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).
	EPA Hazardous Waste Number Amount Units
	CLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ON WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:
	Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?
	Yes (complete F.13 through F.15.)X No
	Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.
F 40	Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to
F. 13.	originate in the next five years).
	·
F.14.	Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if
	known. (Attach additional sheets if necessary).
1	
F.15.	Waste Treatment.
	a. Is this waste treated (or will it be treated) prior to entering the treatment works?
	YesNo
	If yes, describe the treatment (provide information about the removal efficiency):
	b. Is the discharge (or will the discharge be) continuous or intermittent?
	ContinuousIntermittent If intermittent, describe discharge schedule.
	END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

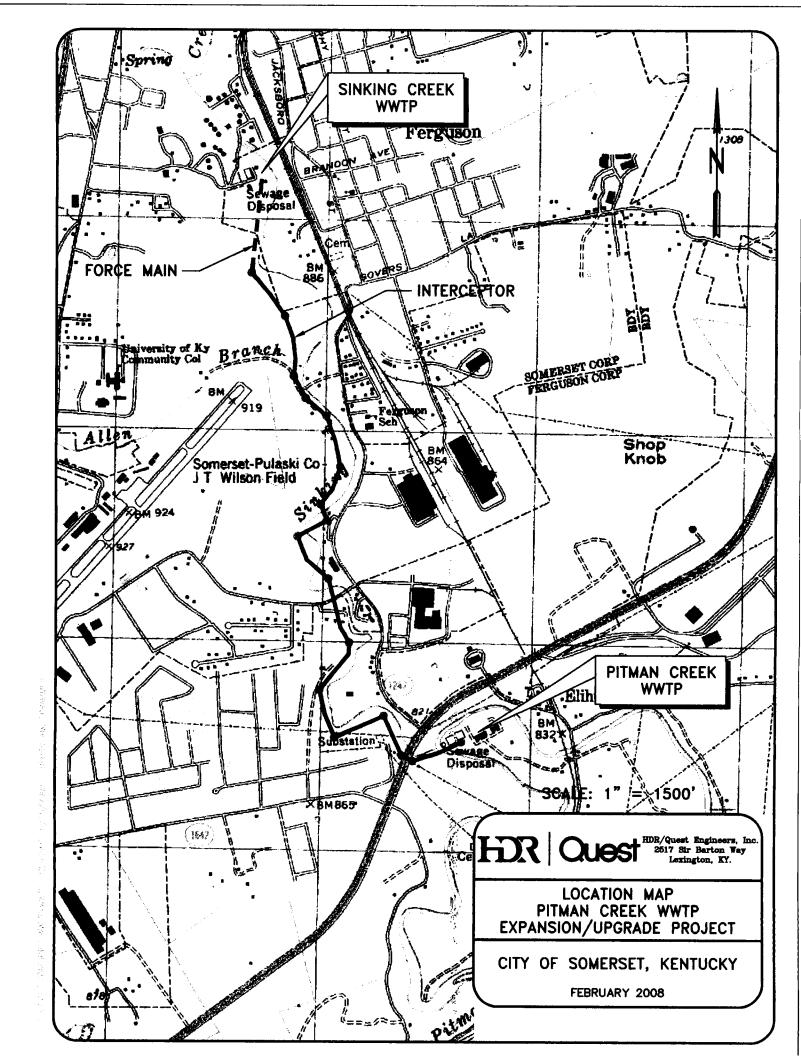
Provide the name and address of each SIU discharging to the treatment works.
Name Armstrong Hardwood
Mailing Address 630 Industry Road
Somerset, KY
F.4. Industrial Processes.
Describe all of the industrial processes that affect or contribute to the SIU's discharge.
Makes hardwood flooring
F.5. Principal Product(s) and Raw Material(s).
Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): hardwood flooring
Raw material(s): raw hardwood
F.6. Flow Rate.
a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system
in gallons per day (gpd) and whether the discharge is continuous or intermittent.
9,000 gpd ( X continuous or intermittent)
b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
3,000 gpd ( X continuous or intermittent)
F.7. Pretreatment Standards.
Indicate whether the SIU is subject to the following:
a. Local limits X yes no
b. Categorical pretreatment standards yes X no
If subject to categorical pretreatment standards, which category and subcategory? N/A
E.O. Circuition and Individual Illians Information
F.3. Significant industrial User Information.
F.3. Significant Industrial User Information.  Provide the name and address of each SIU discharging to the treatment works.
Provide the name and address of each SIU discharging to the treatment works.
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside  Mailing Address City Hall
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside  Mailing Address City Hall  Burnside, KY
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside  Mailing Address City Hall  Burnside, KY  F.4. Industrial Processes.
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside  Mailing Address City Hall  Burnside, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside  Mailing Address City Hall  Burnside, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Typical residential wastewater from small nearby community  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside  Mailing Address City Hall  Burnside, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Typical residential wastewater from small nearby community  F.5. Principal Product(s) and Raw Material(s).
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside  Mailing Address City Hall  Burnside, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Typical residential wastewater from small nearby community  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside  Mailing Address City Hall Burnside, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge. Typical residential wastewater from small nearby community  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside  Mailing Address City Hall  Burnside, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Typical residential wastewater from small nearby community  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside  Mailing Address City Hall  Burnside, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Typical residential wastewater from small nearby community  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside  Mailing Address City Hall  Burnside, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Typical residential wastewater from small nearby community  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  10,000 gpd ( X continuous or intermittent)
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside  Mailing Address City Hall  Burnside, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Typical residential wastewater from small nearby community  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  10,000 gpd ( X continuous or intermittent)  b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside  Mailing Address City Hall  Burnside, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Typical residential wastewater from small nearby community  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  10,000 gpd ( X continuous or intermittent)
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside  Mailing Address City Hall  Burnside, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Typical residential wastewater from small nearby community  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  10,000 gpd ( X continuous or intermittent)  b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside  Mailing Address City Hall  Burnside, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Typical residential wastewater from small nearby community  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  10,000 gpd ( X continuous or intermittent)  b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  44,000 gpd ( X continuous or intermittent)
Provide the name and address of each SIU discharging to the treatment works.  Name City of Burnside  Mailing Address City Hall  Burnside, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Typical residential wastewater from small nearby community  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  10,000 gpd ( X continuous or intermittent)  b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  44,000 gpd ( X continuous or intermittent)  F.7. Pretreatment Standards.

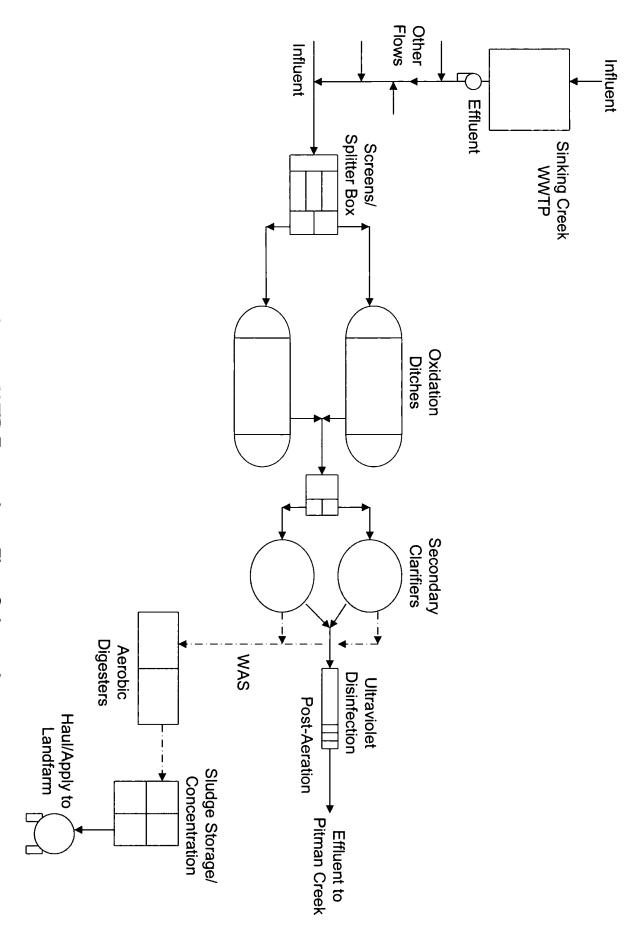
F.3. Significant Industrial User Information.
Provide the name and address of each SIU discharging to the treatment works.
Name Bluegrass Oakwood
Mailing Address 2441 South Highway 27
Somerset, KY
F.4. Industrial Processes.
Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Mental health facility
F.5. Principal Product(s) and Raw Material(s).
Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.
Principal product(s): N/A
Raw material(s): N/A
F.6. Flow Rate.
a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
0 gpd ( continuous or intermittent)
<ul> <li>b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.</li> <li>81,000 gpd ( X continuous or intermittent)</li> </ul>
F.7. Pretreatment Standards.  Indicate whether the SIU is subject to the following:
Indicate whether the SIU is subject to the following:  a. Local limits X yes no
b. Categorical pretreatment standards yes X no
b. Categorical pretreatment standards yes X no If subject to categorical pretreatment standards, which category and subcategory? N/A
., <u></u>
F.3. Significant Industrial User Information.
F.3. Significant Industrial User Information.  Provide the name and address of each SIU discharging to the treatment works.
Provide the name and address of each SIU discharging to the treatment works.
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting  Mailing Address 116 West University Drive
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting  Mailing Address 116 West University Drive  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting  Mailing Address 116 West University Drive  Somerset, KY  F.4. Industrial Processes.
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting  Mailing Address 116 West University Drive  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Blast furnace for glass light fixture fabrication  F.5. Principal Product(s) and Raw Material(s).
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting  Mailing Address 116 West University Drive  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Blast furnace for glass light fixture fabrication  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting  Mailing Address 116 West University Drive  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Blast furnace for glass light fixture fabrication  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): Glass light fixtures
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting  Mailing Address 116 West University Drive  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Blast furnace for glass light fixture fabrication  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): Glass light fixtures  Raw material(s): Sand, heat
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting  Mailing Address 116 West University Drive  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Blast furnace for glass light fixture fabrication  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): Glass light fixtures  Raw material(s): Sand, heat  F.6. Flow Rate.
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting  Mailing Address 116 West University Drive  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Blast furnace for glass light fixture fabrication  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): Glass light fixtures  Raw material(s): Sand, heat  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting  Mailing Address 116 West University Drive  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Blast furnace for glass light fixture fabrication  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): Glass light fixtures  Raw material(s): Sand, heat  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting  Mailing Address 116 West University Drive  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge. Blast furnace for glass light fixture fabrication  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): Glass light fixtures  Raw material(s): Sand, heat  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  60,000 gpd ( X continuous or intermittent)
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting  Mailing Address 116 West University Drive  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge. Blast furnace for glass light fixture fabrication  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): Glass light fixtures  Raw material(s): Sand, heat  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  60,000 gpd ( X continuous or intermittent)  b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting  Mailing Address 116 West University Drive  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Blast furnace for glass light fixture fabrication  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): Glass light fixtures  Raw material(s): Sand, heat  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  60,000 gpd ( X continuous or intermittent)  b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  10,000 gpd ( X continuous or intermittent)
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting  Mailing Address 116 West University Drive  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge. Blast furnace for glass light fixture fabrication  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): Glass light fixtures  Raw material(s): Sand, heat  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  60,000 gpd ( X continuous or intermittent)  b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  10,000 gpd ( X continuous or intermittent)  F.7. Pretreatment Standards.
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting  Mailing Address 116 West University Drive  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Blast furnace for glass light fixture fabrication  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): Glass light fixtures  Raw material(s): Sand, heat  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  60,000 gpd ( X continuous or intermittent)  b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  10,000 gpd ( X continuous or intermittent)  F.7. Pretreatment Standards.  Indicate whether the SIU is subject to the following:
Provide the name and address of each SIU discharging to the treatment works.  Name GE Lighting  Mailing Address 116 West University Drive  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Blast furnace for glass light fixture fabrication  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): Glass light fixtures  Raw material(s): Sand, heat  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  60,000 gpd ( X continuous or intermittent)  b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  10,000 gpd ( X continuous or intermittent)  F.7. Pretreatment Standards.  Indicate whether the SIU is subject to the following:

F.3. Significant Industrial User Information.	i
Provide the name and address of each SIU discharging to the treatment works.	İ
Name Lake Cumberland Cancer Center	ļ
Mailing Address 24301 Langdon Street	
Somerset, KY	
F.4. Industrial Processes.	$\neg$
Describe all of the industrial processes that affect or contribute to the SIU's discharge.	
Medical facility	
F.5. Principal Product(s) and Raw Material(s).	
Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.	
Principal product(s): N/A	
Raw material(s): N/A	
F.6. Flow Rate.	
a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system	n
in gallons per day (gpd) and whether the discharge is continuous or intermittent.	
0 gpd ( continuous or intermittent)	
b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the	
collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.	
1,000 gpd ( X continuous or intermittent)	
F.7. Pretreatment Standards.	
Indicate whether the SIU is subject to the following:	
a. Local limits X yes no	
b. Categorical pretreatment standards yes X no	
If subject to categorical pretreatment standards, which category and subcategory? N/A	
F.3. Significant Industrial User Information.	
Provide the name and address of each SIU discharging to the treatment works.	
Provide the name and address of each SIU discharging to the treatment works.  Name LCRH Medical Arts Building	
Provide the name and address of each SIU discharging to the treatment works.	
Provide the name and address of each SIU discharging to the treatment works.  Name LCRH Medical Arts Building	
Provide the name and address of each SIU discharging to the treatment works.  Name LCRH Medical Arts Building  Mailing Address 350 Hospital Way Somerset, KY  F.4. Industrial Processes.	
Provide the name and address of each SIU discharging to the treatment works.  Name LCRH Medical Arts Building  Mailing Address 350 Hospital Way Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.	
Provide the name and address of each SIU discharging to the treatment works.  Name LCRH Medical Arts Building  Mailing Address 350 Hospital Way Somerset, KY  F.4. Industrial Processes.	
Provide the name and address of each SIU discharging to the treatment works.  Name LCRH Medical Arts Building  Mailing Address 350 Hospital Way Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge. Medical facility  F.5. Principal Product(s) and Raw Material(s).	
Provide the name and address of each SIU discharging to the treatment works.  Name LCRH Medical Arts Building  Mailing Address 350 Hospital Way Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge. Medical facility  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.	
Provide the name and address of each SIU discharging to the treatment works.  Name  LCRH Medical Arts Building  Mailing Address  350 Hospital Way  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Medical facility  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A	
Provide the name and address of each SIU discharging to the treatment works.  Name LCRH Medical Arts Building  Mailing Address 350 Hospital Way Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge. Medical facility  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.	
Provide the name and address of each SIU discharging to the treatment works.  Name  LCRH Medical Arts Building  Mailing Address  350 Hospital Way  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Medical facility  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.	
Provide the name and address of each SIU discharging to the treatment works.  Name  LCRH Medical Arts Building  Mailing Address  350 Hospital Way  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Medical facility  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system	n
Provide the name and address of each SIU discharging to the treatment works.  Name  LCRH Medical Arts Building  Mailing Address  350 Hospital Way  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Medical facility  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.	n
Provide the name and address of each SIU discharging to the treatment works.  Name  LCRH Medical Arts Building  Mailing Address  350 Hospital Way  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Medical facility  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  0 gpd ( X continuous or intermittent)	m
Provide the name and address of each SIU discharging to the treatment works.  Name  LCRH Medical Arts Building  Mailing Address  350 Hospital Way  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Medical facility  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection syster in gallons per day (gpd) and whether the discharge is continuous or intermittent.  0 gpd ( X continuous or intermittent)  b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the	m
Provide the name and address of each SIU discharging to the treatment works.  Name  LCRH Medical Arts Building  Mailing Address  350 Hospital Way  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Medical facility  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection syster in gallons per day (gpd) and whether the discharge is continuous or intermittent.  0 gpd ( X continuous or intermittent)  b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.	
Provide the name and address of each SIU discharging to the treatment works.  Name  LCRH Medical Arts Building  Mailing Address  350 Hospital Way  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Medical facility  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection syster in gallons per day (gpd) and whether the discharge is continuous or intermittent.  0 gpd ( X continuous or intermittent)  b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  1,000 gpd ( X continuous or intermittent)	m
Provide the name and address of each SIU discharging to the treatment works.  Name  LCRH Medical Arts Building  Mailing Address  350 Hospital Way  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Medical facility  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection syster in gallons per day (gpd) and whether the discharge is continuous or intermittent.  0 gpd ( X continuous or intermittent)  b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  1,000 gpd ( X continuous or intermittent)  F.7. Pretreatment Standards.	m
Provide the name and address of each SIU discharging to the treatment works.  Name  LCRH Medical Arts Building  Mailing Address 350 Hospital Way  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Medical facility  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  0 gpd ( X continuous or intermittent)  b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  1,000 gpd ( X continuous or intermittent)  F.7. Pretreatment Standards.  Indicate whether the SIU is subject to the following:	m
Provide the name and address of each SIU discharging to the treatment works.  Name  LCRH Medical Arts Building  Mailing Address 350 Hospital Way  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Medical facility  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  0 gpd ( X continuous or intermittent)  b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  1,000 gpd ( X continuous or intermittent)  F.7. Pretreatment Standards.  Indicate whether the SIU is subject to the following:  a. Local limits X yes no	m
Provide the name and address of each SIU discharging to the treatment works.  Name  LCRH Medical Arts Building  Mailing Address 350 Hospital Way  Somerset, KY  F.4. Industrial Processes.  Describe all of the industrial processes that affect or contribute to the SIU's discharge.  Medical facility  F.5. Principal Product(s) and Raw Material(s).  Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.  Principal product(s): N/A  Raw material(s): N/A  F.6. Flow Rate.  a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  0 gpd ( X continuous or intermittent)  b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.  1,000 gpd ( X continuous or intermittent)  F.7. Pretreatment Standards.  Indicate whether the SIU is subject to the following:	m

F.3. Significant Industrial User Information.
Provide the name and address of each SIU discharging to the treatment works.
Name Lake Cumberland Regional Hospital
Mailing Address 305 Langdon Street
Somerset, KY
F.4. Industrial Processes.
Describe all of the industrial processes that affect or contribute to the SIU's discharge.
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Hospital facility
F.5. Principal Product(s) and Raw Material(s).
Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.
Principal product(s): N/A
Raw material(s): N/A
F.6. Flow Rate.
a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system
in gallons per day (gpd) and whether the discharge is continuous or intermittent.
0 gpd ( continuous or intermittent)
b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the
collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
79,000 gpd ( X continuous or intermittent)
F.7. Pretreatment Standards.
Indicate whether the SIU is subject to the following:
a. Local limits X yes no
b. Categorical pretreatment standards yes X no
If subject to categorical pretreatment standards, which category and subcategory? N/A
F.3. Significant Industrial User Information.
F.3. Significant Industrial User Information.  Provide the name and address of each SIU discharging to the treatment works.
Provide the name and address of each SIU discharging to the treatment works.
Provide the name and address of each SIU discharging to the treatment works.  Name Southern Belle Dairy
Provide the name and address of each SIU discharging to the treatment works.  Name Southern Belle Dairy  Mailing Address 316 East Born Avenue
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F.3. Significant Industrial User Information.
Provide the name and address of each SIU discharging to the treatment works.
Name Wonderfuel
Mailing Address 334 Arthur Drive
Somerset, KY
F.4. Industrial Processes.
Describe all of the industrial processes that affect or contribute to the SIU's discharge.
Manufacture of fire logs
F.5. Principal Product(s) and Raw Material(s).
Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.
Principal product(s): fire logs
Raw material(s): raw wood
F.6. Flow Rate.
a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system
in gallons per day (gpd) and whether the discharge is continuous or intermittent.
10,000 gpd ( X continuous or intermittent)
b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the
collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
21,000 gpd ( X continuous or intermittent)
F.7. Pretreatment Standards.
Indicate whether the SIU is subject to the following:
a. Local limits X yes no
b. Categorical pretreatment standards yes X no
If subject to categorical pretreatment standards, which category and subcategory? N/A
F 3 Significant Industrial User Information.
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Pitman Creek WWTP Expansion - Flow Schematic



May 14, 2008

Mr. Allen Ingram II Division of Water, KPDES Branch 14 Reilly Road, Frankfort Office Park Frankfort, Kentucky 40601

Subject:

KPDES Permit Application for Renewal and Expansion

of Otis B. Chaney Wastewater Treatment Plant (Pitman Creek)

KPDES No.: KY0026611

Dear Mr. Ingram,

This letter transmits the KPDES permit application for the Otis B. Chaney Wastewater Treatment Plant (Pitman Creek) which is up for renewal and is presently under design to expand the capacity to 4.4 MGD. HDR/Quest Engineers is process of completing the design of the plant expansion and will be submitting the construction permit (with drawings and specifications for review) over the next month. We have requested a wasteload allocation from Courtney Seitz and will follow up with him to that end.

Per our telephone discussion on May 2, 2008, we are also assisting the City of Somerset with the preparation of the KPDES permit application. You directed us to provide as complete an application as possible and that it would not be a problem to submit the application the week after it was due, if necessary. The City has some additional effluent testing to conduct in the coming months to complete the effluent testing data/information requested. We will forward that additional information as it is collected.

Thank you for your assistance with the preparation of this application. If you need any additional information, please contact me at 859-223-3755 or Tim Perry with Somerset at 606-678-4718.

Sincerely,

Thomas R. Schaffer, P.E.

Vice-President

Attachment

Cc: Tim Perry, City of Somerset

Gary Epperson, City of Somerset